movements) than necessary, which was found to be provocative, most probably due to cumulative Coriolis-effects. This is in agreement with the notion that viewing the real or artificial horizon may suppress motion sickness.

Accuracy of parental report of otitis media and the related hearing loss in infancy

L.J.C.ANTEUNIS, J.A.M.ENGEL, J.J.T.HENDRIKS & E.H.M.A.MARRES (Maastricht)

A group of full-term and a group of preterm infants (age 6–24 months) and their parents were assessed at 3-monthly visits in order to evaluate the accuracy of parental reporting on otitis media (OM) and the related hearing loss.

At each visit parents were asked to report on the likely presence of OM and hearing loss, prior to testing. Based on tympanometry, infants were categorized as bilateral otitis media with effusion-positive or -negative. Hearing was assessed using conditioned orientation response audiometry. Hearing loss was defined as averaged thresholds (500, 1000, 2000 & 400 Hz) $\geqslant$ 45 dB HL in the better ear.

The results demonstrate that parents fail to recognize the presence of otitis media with effusion (OME) as well as the hearing loss associated with this condition.

These findings have implications for research on OME. When these studies are based on parent-reported OME-positive or OME-negative cohorts, the results should be very carefully interpreted. Furthermore, whereas early identification of hearing loss is a goal, one should not rely solely on parental report of hearing loss, but organize a screening programme in a structured way.

Dutch consensus on diagnosis and treatment of hearing loss in patients with intellectual disability

H.M.EVENHUIS (Zwammerdam), E.H.HUIZING (Utrecht) & R.J.C.ADMIRAAL (Nijmegen) on behalf of the Consensus Committee

The prevalence of childhood hearing loss is increased in the population with intellectual disability, whereas in Down's syndrome conductive and later cochlear hearing losses are frequent. However, hearing loss often remains unrecognized. Moreover, subjective audiometry cannot always be used. Because patients with intellectual disability can be treated successfully with hearing aids, a multidisciplinary consensus committee, including ENT surgeons and audiologists, has advised early detection, diagnosis and treatment in this population. Referral for screening by otoacoustic emissions at the age of 9 months of all children with developmental delay is recommended, followed by behavioural response audiometry or brainstem evoked response audiometry in case of failure. Repeated screening is recommended at the ages of 5, 10 and 15 years and every 5 years from the age of 50 onwards. Patients with Down's syndrome should be screened every 3 years during life. Successful treatment with hearing aids requires audiological expertise and a sufficiently long period of individual habituation training.

The morphological findings in the oval window in 400 stapes operations

R.A.TANGE (Amsterdam)

The morphological findings in the oval window niche of 400 stapes operations have been stored in a database and the different findings analysed. The percentages of different degrees of stapes fixation by otosclerosis were calculated. The percentages of the different degrees of otosclerosis were: Gr.1 (no otosclerotic focus) 20%, Gr.2 (only one otosclerotic focus) 33.7%, Gr.3 (more otosclerotic foci) 29.5% and Gr.4 (obliteration of the oval niche) 5.2%. Other particular findings were: anatomical malformation of the stapes (5.4%), an overhanging facial nerve (3.2%), a dehiscence facial nerve (2.7%), malleus/incus fixation (2.5%) and stapes gusher (0.7%). The results of this study show the variety of different forms of morphology in otosclerosis.

Pleomorphic adenoma of the parotid gland: results in 245 patients

H.LEVERSTEIN, R.M.TIWARI & G.B.SNOW (Amsterdam)

Between 1974 and 1994, 246 parotidectomies were performed in 245 patients for a primary pleomorphic adenoma. The surgical procedures included: 161 partial parotidectomies (in the majority of the superficial lobe), 61 superficial parotidectomies, 16 'selective' deep lobe parotidectomies, and 8 total parotidectomies. Eleven patients received postoperative radiotherapy for various reasons. The median follow-up was 95 months. Fourteen patients died at varying intervals during follow-up without recurrent tumour. Two patients (0.8%) developed a local recurrence, both after a total parotidectomy. None of the patients experienced permanent facial nerve paresis or paralysis. The incidence of gustatory sweating after partial superficial parotidectomy was 6.9% (9/131) as compared to 13.9% (16/115) for the other surgical procedures. In the latter period, the posterior branch of the greater auricular nerve was preserved in the majority of patients.

It can be concluded that in the hands of an experienced head and neck surgeon partial parotidectomy is an effective treatment for pleomorphic adenoma: local recurrence is rare, while in general morbidity is minimal. In the great majority of patients there is no need for prolonged follow-up.